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Public Health Committee
March 15, 2013
American Cancer Society Cancer Action Network Testimony

S.B. No. 872 (Raised) AN ACT CONCERNING THE USE OF INDOOR TANNING DEVICES BY PERSONS UNDER EIGHTEEN YEARS OF AGE.

SUPPORT IF AMENDED

Skin cancer is the most common type of cancer in the United States, with melanoma as one of the most common cancers diagnosed among young adults. Ultraviolet (UV) radiation exposure is a known cause of skin cancer, and UV radiation exposure during childhood and adolescence increases the risk factor for a skin cancer diagnosis as an adult. The American Cancer Society estimates that 1080 Connecticut residents will be diagnosed with melanoma in 2013.

A meta-analysis published in the International Journal of Cancer found an increase in the risk for melanoma in people who first used indoor tanning facilities in their teen years and twenties. The study was a review of 19 informative studies. It concluded that use of indoor tanning facilities before the age of 35 increases the risk for melanoma by 75 percent. The authors strongly suggested restrictions on the use of indoor tanning facilities by minors. Largely based on the findings of that meta-analysis, in the summer of 2009, the International Agency for Research on Cancer raised the classification of UV-emitting indoor tanning devices, or indoor tanning facilities, to the highest level of cancer risk – Group 1 – "carcinogenic to humans."

The World Health Organization, the International Commission of Non-ionizing Radiation Protection, the National Toxicology Program (US), the National Radiological Protection Board (UK), the National Health and Medical Research Council (Australia) and EUROSKIN have all issued reports on the adverse health effects of the use of indoor tanning facilities and have recommended that minors under the age of 18 not use them.

Additionally, most recently, the Yale School of Public Health released the results of an epidemiological study on basal cell carcinoma—which comprises 80% of non-melanoma skin cancers. The study looked into why this disease is being diagnosed in ever increasing numbers among the non-traditional under-40 age set. The study concluded that indoor tanning was a strong risk factor and that people who used tanning devices were 69% more likely to develop early onset basal cell carcinoma than those that did not use such devices. The study adds that 27% of early onset diagnoses could be avoided if indoor tanning devices were not used.

ACS CAN supports legislative and regulatory initiatives at all levels of government to protect the public from increased skin cancer risk associated with exposure to ultraviolet radiation emitted by indoor tanning facilities. More specifically, based on a review of the best science currently available, ACS CAN supports initiatives that would prohibit minors' use of indoor tanning facilities due to an increased risk for skin cancer, ensure tanning salons are properly regulated, that effective enforcement provisions are in place and that all consumers are properly informed about the risk of using indoor tanning devices prior to use.

However we unfortunately must oppose SB 872 in its current form because it fails to protect our youth from the dangers of tanning devices due to the inclusion of overly broad and general physician referral language in Section 1(b).

This language is concerning because it creates a potentially enormous loophole through which children will still have access to indoor tanning beds. More alarmingly, the language in SB 872 would codify in statute that a non-medically trained employee of a facility not approved for the performance of medical procedures would be allowed to administer a treatment for medical purposes using equipment that is not FDA approved for medical use and with no oversight.

Who would be held liable if there was a problem? Does medical malpractice insurance cover this possibility? Would a tanning facility need to have malpractice coverage should something go wrong in the performance of a medical treatment at their facility? Would the tanning facilities be subject to HIPPA requirements for patient privacy? Would tanning salons need to be reclassified as a medical facility and be held to the same requirements?

Additionally, we have concerns that the bill defines a tanning facility as a location that requires a fee or other compensation to have been charged or collected—tanning beds should be inaccessible by minors, regardless of a fee structure or other compensation. By correcting this language, minors would be excluded when facilities have special offers such as "Free Trial Memberships."

While our preference would be that the doctor's referral language be stricken from the bill altogether, ACS CAN has drafted alternative language that we would be in full support of that could be amended into the bill while in committee. We have included it in a mockup of the bill attached to this testimony.

The amendment would add and strengthen definitions, remove the fee or compensation requirement and prescribe very narrow parameters in which a doctor may prescribe treatment using phototherapy devices.

Thank you for the opportunity to be heard on SB 872 and we remain available to provide any assistance on this legislation.

Thank you.

SB 872 Physician's Referral Amendment Mock-UP

AN ACT CONCERNING THE USE OF INDOOR TANNING DEVICES BY PERSONS UNDER EIGHTEEN YEARS OF AGE.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. Section 19a-232 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

(a) As used in this section:

(1) "Consumer" means any individual who (A) is provided access to a tanning facility [in exchange for a fee or other compensation] regardless of whether a fee is charged, or (B) [in exchange for a fee or other compensation,] regardless of whether a fee is charged is afforded use of a tanning device as a condition or benefit of membership or access;

(2) "Operator" means an individual designated by a tanning facility to control operation of the tanning facility and to instruct and assist the consumer in the proper operation of the tanning device;

(3) "Phototherapy device" means equipment that emits ultraviolet radiation and is used in the diagnosis or treatment of disease or injury.

[(3) "Tanning device" means any equipment that emits radiation used for tanning of the skin, such as a sunlamp, tanning booth or tanning bed that emits ultraviolet radiation, and includes any accompanying equipment, such as timers or handrails; and]

(4) "Tanning device" means equipment that emits electromagnetic radiation having wavelengths in the air between 200 and 400 nanometers and that is used for tanning of human skin and any equipment used with that equipment, including but not limited to protective eyewear, timers and handrails. Such term shall not include a phototherapy device used, or prescribed for use, by a physician; and

[(4) "Tanning facility" means any place where a tanning device is used for a fee, membership dues or other compensation.]

(5) "Tanning facility" means any location, place, area, structure, or business that provides persons access to any tanning device, regardless of whether a fee is charged for access to the tanning equipment.

(b) An operator shall not allow any person under eighteen years of age to use a

tanning device. Any operator who, knowing that a person is under [sixteen] eighteen years of age or under circumstances where such operator should know that a person is under [sixteen] eighteen years of age, allows such person to use a tanning device, shall be fined not more than one hundred dollars. Such fine shall be payable to the municipal health department or health district for the municipality in which the tanning facility is located.

(c) This section shall apply to any tanning facility in Connecticut; provided, however, that it shall not apply to any physician who is duly licensed to practice medicine in the State of Connecticut and who, in the practice of medicine, uses or prescribes to be used a phototherapy device with respect to a patient of any age.

[(c)] (d) Any municipal health department established under this chapter and any district department of health established under chapter 368f may, within its available resources, enforce the provisions of this section.

This act shall take effect as follows and shall amend the following sections:		
Section 1	*October 1, 2013*	

Statement of Purpose:

To prohibit the use of indoor tanning devices by persons under age eighteen.[, except with a physician's referral.]

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]

Adolescents and Indoor Tanning

The incidence of melanoma in the United States is increasing rapidly in children and young adults.[1,2] Melanoma is now the second most common form of cancer for individuals aged 15-29 years and the most common form of cancer for young adults aged 25-29 years.[3]

The Facts

Exposure to UV radiation through sunlight or tanning beds, is the primary risk factor for skin cancer.[4] Usually appearing in adulthood, skin cancer is often caused by UV exposure and sunburns that began as early as childhood.[5]

- Adolescents, or individuals under the age of 18, are particularly at risk to the damages associated with UV radiation and overexposure as their skin is not fully developed[6] and their skin cells are dividing and changing more rapidly than those of adults.[7]
- Indoor tanning use before the age of 35 years increases melanoma risk by 75%.[8]
- The risk of developing melanoma increases with the number of sunburns an individual receives throughout all periods of life.[9]
- Using a tanning bed increases the risk for squamous cell carcinoma by 67% and basal cell carcinoma by 29%. The risk is higher when the tanning bed use begins before age 25.[10]
- Multiple studies demonstrate that indoor tanners receive sunburns or suffer other skin damage after indoor tanning sessions.[11,12,13]

Over the last 20 years, the number of teens and young adults reporting use of tanning beds increased from 1% to 27%.[22]

In 2009, the International Agency for Research on Cancer (IARC) increased the classification of UV-emitting indoor tanning devices to the highest level of cancer risk – Group 1 – "carcinogenic to humans."[14] This classification places tanning devices in the same category as other known carcinogens such as tobacco, benzene, asbestos, and many other substances. However, despite the risk, adolescents continue to tan indoors.

Tanning Bed Use Among Adolescents

- Of the 30 million individuals who tan indoors every year, 2.3 million are adolescents.[15]
- Results from the 2011 Youth Risk Behavior Survey (YRBS) demonstrate that 13.3% of high school students had used an indoor tanning device, such as a sunlamp, sunbed or tanning booth one or more times during the 12 months before the survey.[16]
- The 2011 YRBS also revealed that indoor tanning incidence was significantly higher in female adolescents (20.9%) than in their male counterparts (6.2%).[17]
- In a 2011 nationwide survey by the American Academy of Dermatology, a vast majority (86%) of adolescent and young adult respondents who tan indoors reported knowing that tanning bed usage is associated with skin cancer — yet still report having used an indoor tanning bed in the last year.[18]

Adolescents aged 16-17 were **twice** as likely to tan indoors as adolescents aged 14-15.[20]

Certain factors, many of which can be addressed with educational and policy-level interventions, are associated with a significantly higher prevalence of indoor tanning among adolescents. A 2011 study published in the American Journal of Public Health (AJPH), focused on adolescents aged 14-17 living in the 100 largest US cities revealed several factors were significantly associated with increased indoor tanning behavior among adolescents. Adolescents were much more likely to tan indoors if they[19]:

- Believed people with a tan look more attractive (80% more likely)
- Felt that that their parents allowed them to use indoor tanning (80% more likely)
- Had a parent who used indoor tanning (70% more likely)
- Noticed advertisements for indoor tanning (70% more likely)
- Had a parent who believed people with a tan are more attractive (50% more likely)
- Lived within two miles of at least one indoor tanning facility (40% more likely)

Addressing the Problem

According to the 2011 AJPH study, adolescents were less likely to tan indoors if their state had a law addressing minors' access to tanning facilities.[21]

Two states, California (SB 746 -2011) and Vermont (H 157 – 2011), have passed legislation banning tanning bed usage for minors under the age of 18. Several other states have introduced, or are in the process of introducing, similar measures, and almost 33 states currently regulate the use of tanning facilities by adolescents.

Several national and international organizations have issued reports on the adverse health effects associated with indoor tanning devices, with most recommending the introduction of indoor tanning bans for minors under the age of 18. These organizations include the American Cancer Society, the World Health Organization (WHO), the International Commission of Non-ionizing Radiation Protection, the Centers for Disease Control and Prevention (CDC), the National Toxicology Program (US), the National Radiological Protection Board (UK), the National Health and Medical Research Council (Australia), and EUROSKIN.

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Indoor Tanning

Skin cancer is the most common cancer in the United States with more than 2 million cases being diagnosed annually.[1] In 2012, an estimated 12,190 deaths will occur as a result of skin cancer, 9,180 of which will be from melanoma alone.[2] Exposure to ultraviolet (UV) radiation, either from sunlight or indoor tanning devices, is the most important, avoidable, known risk factor for skin cancer.[3]

The Facts About Indoor Tanning

- Exposure to UV radiation, from sunlight or tanning beds, is associated with the development of skin cancer.[4]
- Melanoma incidence rates have been increasing for at least 30 years. Since 2004, incidence rates among whites have been increasing by almost 3% per year in both men and women.[5]
- Over the last 20 years, the number of teens and young adults reporting use of tanning beds increased from 1% to 27%.[6]
- First exposure to tanning beds before the age of 35 years is associated with a 75% increased risk of melanoma.[8]
- Using a tanning bed increases the risk for squamous cell carcinoma by 67% and basal cell carcinoma by 29%. The risk is higher when the tanning bed use begins before age 25.[9]

In 2009, the International Agency for Research on Cancer (IARC) increased the classification of UV-emitting indoor tanning devices to the highest level of cancer risk – Group 1 – "carcinogenic to humans."[7] This classification places tanning devices in the same category as other known carcinogens such as tobacco, benzene, asbestos, and many other substances.

The Tanning Bed Industry

Despite the evidence, there is a general misconception among adults and adolescents about the potential harms of using indoor tanning devices.

- The indoor tanning industry promotes the notion that a "base tan" obtained by using indoor tanning devices will have a protective effect from excessive sun exposure. However, the presence of a tan, in any form, signifies DNA damage to the skin,[10] which is linked to premature aging of the skin and skin cancer.
- Indoor tanning proponents cite the link between UV exposure and vitamin D synthesis to support the health benefits of indoor tanning. However, UVB rays are the primary source of vitamin D synthesis, while most tanning devices primarily emit UVA, which penetrates the skin more deeply than UVB [11] and is relatively ineffective in stimulating vitamin D synthesis.[12] In addition, vitamin D can be obtained through many different foods.
- The indoor tanning industry promotes tanning beds as a safer alternative to sunbathing outdoors because most tanning beds can be controlled and moderated by skin type and operate on a timer. However, tanning beds deliver UVA radiation 5-15 times higher than what is delivered by the summer midday sun.[13] Furthermore, multiple studies demonstrate that indoor tanners receive sunburns or suffer other skin damage after indoor tanning sessions.[14,15,16]

In 2010, the Indoor Tanning Association settled out of court with the Federal Trade Commission (FTC) regarding false health and safety claims about indoor tanning, such as those listed above. "The messages promoted by the indoor tanning industry fly in the face of scientific evidence," said David C. Vladeck, Director of the FTC's Bureau of Consumer Protection. "The industry needs to do a better job of communicating the risks of tanning to consumers."

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Skin Cancer

Skin cancer is the most common form of cancer in the United States. Every year, more than 2 million cases of skin cancer are diagnosed.[1] While many forms of skin cancer are highly treatable, it is still expected that 12,190 deaths will occur on 2012.[2]

- Exposure to UV radiation, either from sunlight or indoor tanning devices, is the most important, avoidable known risk factor for skin cancer.[3]
- UV exposure is associated with premature aging of the skin, suppression of the immune system, and eye damage.[4]

The National Cancer Institute estimated that the cost of melanoma was $2.36 billion in 2010 and will continue to increase in upcoming years.[12]

Melanoma

Melanoma, although less common than basal cell and squamous cell carcinoma, is the deadliest form of skin cancer. Melanoma is expected to account for 9,000 out of the 12,000 cancer deaths in the United States in 2012.[5]

- Melanoma will account for more than 75,000 cases of skin cancer in 2012.[6]
- Incidence of melanoma has been increasing for over 30 years. Most recently, melanoma rates have increased by 3% per year in whites since 2004.[7]
- During this same period of time, the prevalence of sunburn and tanning bed use also increased.[8]

Protecting Yourself

While some individuals have an increased risk of skin cancer due to a personal or family history of the disease, there are many risk factors that can be avoided. Risk factors include:[9]

- Unprotected and/or excessive exposure to UV radiation (sunlight or tanning beds)
- Pale complexion (difficulty tanning, easily sunburned, natural red or blonde hair color)
- Occupational exposures to coal tar, pitch, creosote, arsenic compounds, or radium
- A personal or family history of skin cancer
- Multiple or unusual moles
- History of severe sunburns

The presence of a tan signifies DNA damage to the skin.[10] This damage is cumulative over time, meaning that those who are exposed to UV rays at a young age will have an increased overall lifetime exposure to UV radiation and an increased risk of skin cancer. Adolescents are particularly at risk for skin cancer, as their skin is not fully developed.[11] For both adolescents and adults, this risk only increases with indoor tanning. There are numerous ways to reduce your skin cancer risk, including:

- Using sunscreen and lip balm with a sun protection factor (SPF) of 30 or higher with both UVA and UVB protection, even on cloudy or overcast days.
- Wearing protective clothing, including tightly woven fabrics, wide-brimmed hats, and sunglasses with 99-100% UV absorption, when planning on being in the sun.
- Avoiding other sources of UV light, especially tanning beds and sun lamps.
- Having your skin checked annually by a dermatologist for signs of skin cancer.

October, 2012

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For more information, please visit our website at
http://www.cancer.org/Cancer/CancerCauses/SunandUVExposure/

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